



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

## Forensic Nurse Examiner Training - Adolescent/Adult Curriculum 40 Hours of Theory

Updated: 04/19/2021

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
	<b>I. Overview of Forensic Nursing and Sexual Violence</b>			
105 min.	Overview & Historical Perspective of Forensic Nursing	<ol style="list-style-type: none"> <li>1. History and evolution of forensic nursing</li> <li>2. Role of the adult/adolescent SANE in caring for adult and adolescent sexual assault patient populations</li> <li>3. Role of the adult/adolescent SANE and sexual violence education and prevention</li> <li>4. Role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice</li> <li>5. Key aspects of Forensic Nursing: Scope and Standards of Practice</li> <li>6. Professional and ethical conduct related to forensic nursing practice.</li> <li>7. Nursing resources, locally and globally, that contribute to current and competent adult/adolescent forensic nursing practice.</li> <li>8. Key concepts associated with the use of evidence-based practice in the care of adult and adolescent patient populations.</li> <li>9. Defining the expanded role of the Maryland FNE, and differences between SAFE/SANE/FNE</li> <li>10. Review the MBON Scope and Standards of Practice including educational guidelines.</li> <li>11. Review National Best Practice Guidelines by National Institute of Justice (NIJ)</li> </ol>		

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120 min.	Role and Responsibility of the Forensic Nurse	<ol style="list-style-type: none"> <li>1. Discuss each component of patient care               <ol style="list-style-type: none"> <li>a. Obtaining consent and assent</li> <li>b. Conducting the physical and psychosocial assessment (medical needs &amp; safety needs)</li> <li>c. Conducting the medical forensic evidentiary examination (medical &amp; forensic interview, evidentiary collection of specimens, and chain of custody)</li> <li>d. Offering prophylactic medications for STI and pregnancy prevention</li> <li>e. Giving referrals for follow up care (PCP, GYN, or clinic for follow up STI and HIV testing, trauma counseling/therapy, legal and criminal justice resources)</li> </ol> </li> <li>2. Discuss the components for performing the medical forensic examination step by step:               <ol style="list-style-type: none"> <li>a. Detailed head to toe assessment for trauma identification and evidence collection</li> <li>b. Detailed ano-genital assessment for trauma identification and evidence collection</li> </ol> </li> </ol>		
90 min.	Sexual Violence	<ol style="list-style-type: none"> <li>1. Types of sexual violence</li> <li>2. Types of intimate partner violence (IPV)</li> <li>3. Global incidence and prevalence rates for sexual violence and IPV in the female and male adult and adolescent populations               <ol style="list-style-type: none"> <li>a. Risk factors for sexual violence and abuse</li> </ol> </li> <li>4. Discuss misconceptions, biases and deeply held beliefs regarding sexual violence, abuse, and co-occurring violence in adult and adolescent patient populations</li> </ol>		

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		5. Identify barriers for individuals reporting sexual assault and discuss how the barriers have been decreased due to SAFE/FNE programs. 6. Health consequences of sexual violence and abuse and co-occurring violence, to include physical, psychosocial, cultural, and socioeconomic sequelae 7. Key concepts of offender behavior and the effect on sexual assault patient populations 8. Factors that impact the vulnerability of patients being targeted for sexual violence (i.e., adverse childhood experiences [ACEs], generational violence, and people who were raised in the foster care system)		
30 min.	Clinical Requirements	1. Review required clinical rotations and process for submission for certification through MBON		
	<b>II. Victim Responses and Crisis Intervention</b>			
120 min.	Response to trauma & Crisis Intervention	1. Describe the emotional, psychological and psychosocial impact that sexual violence, abuse, and co-occurring violence has on the adult/adolescent population: <ol style="list-style-type: none"> <li>a. Common psychosocial responses and diverse reactions manifested by patient</li> <li>b. Acute &amp; long-term psychosocial effects               <ol style="list-style-type: none"> <li>i. Risk factors for acute/chronic psychosocial sequelae</li> <li>ii. Risk factors for nonadherence to recommended treatment plan and follow-up care</li> <li>iii. Identify characteristics of survivors and the process of healing</li> </ol> </li> <li>c. Common concerns regarding reporting to LE</li> </ol>		

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		<ul style="list-style-type: none"> <li>d. Impact of trauma on memory</li> <li>e. Cognitive functioning</li> <li>f. Communication ability</li> <li>g. Discuss delayed disclosure and recantation as a common presentation with sexual violence and abuse</li> </ul> <p>2. Key strategies for FNE Evaluation/Intervention</p> <ul style="list-style-type: none"> <li>a. Provide appropriate therapeutic response to the diverse reactions manifested by patients <ul style="list-style-type: none"> <li>i. Empathetic / reflective listening</li> <li>ii. Maintain objectivity &amp; professionalism</li> </ul> </li> <li>b. Provide culturally competent &amp; holistic care <ul style="list-style-type: none"> <li>i. Trauma informed care approaches</li> <li>ii. Maintain dignity &amp; privacy</li> <li>iii. Facilitating participation &amp; control</li> <li>iv. Respecting autonomy</li> </ul> </li> <li>c. Provide care focused on patient-centered outcomes considering patient's: <ul style="list-style-type: none"> <li>i. Chronological age</li> <li>ii. Developmental status</li> <li>iii. Identified priorities</li> <li>iv. Patient's tolerance</li> </ul> </li> <li>d. Provide age and developmentally appropriate care: <ul style="list-style-type: none"> <li>i. Capacity to consent</li> <li>ii. Cognitive ability</li> <li>iii. Mental state</li> <li>iv. Intoxication</li> <li>v. Level of consciousness</li> <li>vi. Limited English proficiency</li> </ul> </li> <li>e. Perform a suicide/homicide risk assessment</li> </ul>		

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		<ul style="list-style-type: none"> <li>f. Perform a safety risk assessment</li> <li>3. Discuss patient advocate's role in supporting the pt during the medical forensic examination process</li> <li>4. Discuss vicarious trauma and vicarious resilience</li> <li>5. Discuss methods for preventing vicarious trauma associated with forensic nursing practice</li> </ul>		
90 min	Special Populations	<ul style="list-style-type: none"> <li>1. Discuss the prevalence rates of and the unique healthcare challenges and psychosocial issues associated with underserved, marginalized, and diverse patient populations:               <ul style="list-style-type: none"> <li>a. Males</li> <li>b. Inmates</li> <li>c. LGBTQIA</li> <li>d. Adolescents</li> <li>e. Elderly</li> <li>f. Vulnerable patients or those with disabilities (cognitive/physical)</li> <li>g. Culturally diverse populations</li> <li>h. Mental health populations</li> <li>i. Language/communication barriers</li> <li>j. Trafficked persons (sex/labor)</li> <li>k. Foreign nationals</li> <li>l. Military</li> </ul> </li> <li>2. Discuss best practices for improving forensic nursing care provided to underserved or vulnerable patient populations</li> </ul>		
90 min	Intimate Partner Violence	<ul style="list-style-type: none"> <li>1. Define Intimate Partner Violence (IPV)               <ul style="list-style-type: none"> <li>a. Dynamics of abusive relationships</li> <li>b. Physiological &amp; behavioral s/sx of IPV</li> <li>c. Barriers that prevent victims from leaving</li> <li>d. Review documentation and screening tools (LAP, Danger Assessment, Strangulation)</li> </ul> </li> </ul>		

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		2. Techniques and strategies for interacting with adult and adolescent patients and their families following a disclosure of violence, including but not limited to: <ul style="list-style-type: none"> <li>a. Empathetic and reflective listening</li> <li>b. Maintaining dignity and privacy</li> <li>c. Facilitating participation and control</li> <li>d. Respecting autonomy</li> <li>e. Maintaining examiner objectivity and professionalism</li> </ul>		
60 min	Survivor experience	1. Discuss the experiences from the survivor's perspective		
	<b>III. Collaborating with Community Agencies</b>			
180 min.	Advocacy Law Enforcement MDT Process	1. Define the multidisciplinary team (MDT) concept <ul style="list-style-type: none"> <li>a. Sexual Assault Response Team (SART)</li> <li>b. Community Response Teams (CRT)</li> <li>c. Discuss various MDT models</li> <li>d. Benefits of MDTs</li> <li>e. Challenges of MDTs</li> </ul> 2. Roles & responsibilities of the MDT members <ul style="list-style-type: none"> <li>a. Victim Advocates (community/rape crisis center, military, hospital/organization, or legal system based)</li> <li>b. Forensic Nurse Examiners</li> <li>c. Law Enforcement (multi-jurisdictional, patrol officer role vs. detective)</li> <li>d. Judiciary/Legal (Prosecuting &amp; Defense attorneys, Victim Rights Attorney, SALI)</li> <li>e. Crime lab analysts (local, state, &amp; FBI)</li> <li>f. Social Service agencies (CPS, APS)</li> </ul>		

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		<p>g. Guests/Other (Title IX Coordinator, EMS, Military, community stakeholders, sexual assault survivors)</p> <p>3. Key strategies to initiate and maintain effective communication and collaboration among multidisciplinary MDT members while maintaining patient privacy and confidentiality</p>		
90 min	<b>IV. Medical Forensic History Taking and Consent</b>	<ol style="list-style-type: none"> <li>1. Demonstrate history taking skills               <ol style="list-style-type: none"> <li>a. Evaluating mental status</li> <li>b. Behavioral observations and interpretation of pt's verbal and non-verbal communication</li> </ol> </li> <li>2. Establishing rapport to facilitate consent, assent, and disclosure (consider pt's current mental status, age, developmental level, gender identity, and cultural differences)               <ol style="list-style-type: none"> <li>a. Explaining pt's options (VAWA law, choice of FNE exam, Medical exam, or both)</li> <li>b. Obtain/review consent / assent from pt &amp; throughout medical forensic exam process</li> </ol> </li> <li>3. Importance of using the medical forensic history to assess for and guide the healthcare decisions while simultaneously evaluating for any potential forensic implications               <ol style="list-style-type: none"> <li>a. Consideration of additional needs due to poly-victimization or co-occurrence of violence</li> </ol> </li> <li>4. Obtain a comprehensive, developmentally appropriate patient history including a focused review of systems:               <ol style="list-style-type: none"> <li>a. Medical history                   <ol style="list-style-type: none"> <li>i. Past medical &amp; surgical history</li> <li>ii. Allergies</li> <li>iii. Vaccination status</li> <li>iv. Current medications</li> </ol> </li> </ol> </li> </ol>		

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		<ul style="list-style-type: none"> <li>v. Contraceptive usage</li> <li>vi. Last menstrual cycle</li> <li>vii. Pregnancy history</li> <li>viii. Psych-Social history</li> <li>b. Psych-Social history               <ul style="list-style-type: none"> <li>i. Tobacco, alcohol &amp; recreational drug use</li> <li>ii. Interpersonal safety concerns / needs</li> <li>iii. Current mental status (verbal and non-verbal behaviors observed)</li> <li>iv. Past mental health (counseling, mental disorders, suicidal/homicidal)</li> </ul> </li> <li>c. Anogenital-urinary and oral history               <ul style="list-style-type: none"> <li>v. Recent/current infections</li> <li>vi. Recent procedures/injuries</li> <li>vii. Use of insertive devices (oral, vaginal, &amp; anal)</li> <li>viii. Most recent consensual sexual acts (oral, vaginal, &amp; anal)</li> </ul> </li> <li>d. Assault event history               <ul style="list-style-type: none"> <li>ix. Date / time / location of assault event</li> <li>x. Actual / attempted acts (accuracy of details / quote pt's words)</li> <li>xi. Suspected drug facilitated sexual assault (DFSA)</li> <li>xii. Strangulation / Physical assault</li> <li>xiii. Use of weapons/restraints/threats</li> <li>xiv. Ejaculation / Condom use</li> <li>xv. Pain or bleeding or other associated symptoms post assault (started during/after event)</li> <li>xvi. Use of recording devices (photo/video)</li> </ul> </li> </ul>		

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		<ul style="list-style-type: none"> <li>xvii. Potential destruction of evidence (crime scene, witnesses, clothing washed, length of time since assault)</li> <li>xviii. Assailant information</li> </ul> 5. Differentiation between medical forensic history and forensic interview 6. Coordination between FNE and law enforcement regarding the logistics and boundaries of FNEs medical forensic history and LEs investigation intent		
	<b>V. Observing and Assessing Physical Examination Findings</b>			
120 min	Physical Assessment and Documentation	1. Re-establish patient's right to consent or decline any portion of examination 2. Primary assessment-airway, breathing, circulation <ul style="list-style-type: none"> <li>a. Auscultation, percussion, palpation techniques to assess respiratory, cardiac, and gastrointestinal systems</li> </ul> 3. Secondary assessment- detailed head to toe assessment. (*Importance of addressing pt concerns related to examiner gender and other preferences) <ul style="list-style-type: none"> <li>a. Comprehensive head-to-toe physical assessment that is age, gender identity, developmentally, and culturally appropriate, while considering the patient's tolerance, including assessment of:               <ul style="list-style-type: none"> <li>i. Patient's general appearance, demeanor, cognition, &amp; mental status</li> <li>ii. Clothing and other personal possessions</li> <li>iii. Body surfaces for physical findings</li> <li>iv. Anogenital structures</li> <li>v. Sexual maturation</li> </ul> </li> </ul>		

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		<ul style="list-style-type: none"> <li>vi. Impact of estrogen on anogenital structures</li> <li>b. Review health history</li> <li>3. Overview and documentation of physical assessment findings</li> <li>4. Circumstances that may necessitate referral and/or consultation</li> </ul>		
180 min.	Review of Genital Anatomy	<ul style="list-style-type: none"> <li>1. Discuss the genital anatomy and development stages through the lifespan. <ul style="list-style-type: none"> <li>a. Proper identification of genital anatomy of both male and female patients.</li> <li>b. Discuss a detailed genital examination for trauma and non-trauma related findings and the collection of forensic evidence.</li> </ul> </li> <li>5. Importance of utilizing accurate terminology in documentation (vaginal vs. vulva vs genital and anus vs. rectum)</li> <li>6. Peer review/expert consultation</li> </ul>		
60 min.	Adult Genital Variations	<ul style="list-style-type: none"> <li>1. Discuss normal variations found in adult male and female patients <ul style="list-style-type: none"> <li>a. Surgical</li> <li>b. Age-related changes</li> <li>c. Dermatological variations</li> </ul> </li> <li>2. Discuss abnormal genital variations found in adult male and female patient <ul style="list-style-type: none"> <li>a. Infections</li> <li>b. Non-sexually related trauma</li> </ul> </li> <li>3. Congenital</li> <li>4. Female mutilation</li> <li>5. Circumcised male vs. uncircumcised male</li> <li>6. Discuss interpretation of findings</li> </ul>		

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150 min.	Trauma Identification after sexual assault and interpersonal violence	<ol style="list-style-type: none"> <li>1. Discuss mechanisms of injuries &amp; documentation.               <ol style="list-style-type: none"> <li>a. Blunt</li> <li>b. Sharp</li> <li>c. Penetrating</li> <li>d. Strangulation</li> </ol> </li> <li>2. Define common injuries seen in victims of sexual assault / interpersonal violence               <ol style="list-style-type: none"> <li>a. Physical injuries</li> <li>b. Genital injuries</li> <li>c. Anal injuries</li> </ol> </li> <li>3. Terminology related to mechanical and physical trauma findings, including:               <ol style="list-style-type: none"> <li>a. Abrasion</li> <li>b. Laceration/tear</li> <li>c. Cut/incision</li> <li>d. Bruise/contusion (inability to age bruises)</li> <li>e. Hematoma</li> <li>f. Swelling/edema</li> <li>g. Redness/erythema</li> <li>h. Petechiae</li> </ol> </li> <li>4. Describe advanced techniques utilized by FNE for assessing, identifying and documenting ano-genital trauma               <ol style="list-style-type: none"> <li>a. Positioning                   <ol style="list-style-type: none"> <li>i. Lithotomy</li> <li>ii. Knee chest supine / prone</li> <li>iii. Side-lying / lateral</li> </ol> </li> <li>b. Inspection of vaginal area                   <ol style="list-style-type: none"> <li>i. Labial separation/traction to improve visualization of fossa navicularis, posterior fourchette, and hymen</li> </ol> </li> <li>c. Inspection of anal area</li> </ol> </li> </ol>		

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		<ul style="list-style-type: none"> <li>i. Gluteal separation and anal dilatation</li> <li>ii. Use of anoscope within scope of practice per the jurisdiction’s Nurse Practice Act &amp; indications for the use</li> <li>d. Toluidine blue dye application and removal</li> <li>e. Colposcopic or photographic visualization with magnification</li> <li>f. Urinary catheter sterile water balloon flotation, cotton tip swab, or other technique for improved hymen visualization</li> <li>g. Peer review/expert consultation</li> <li>5. Discuss patterns of injuries <ul style="list-style-type: none"> <li>a. Injuries in various stages of healing</li> </ul> </li> <li>6. Patterned injuries <ul style="list-style-type: none"> <li>a. Ligature marks</li> <li>b. Foot prints</li> <li>c. Finger impression marks</li> <li>d. Central clearing vs. sparing</li> <li>e. Other patterned findings</li> </ul> </li> <li>7. Non-fatal Strangulation <ul style="list-style-type: none"> <li>a. Method <ul style="list-style-type: none"> <li>i. hands</li> <li>ii. arms</li> <li>iii. object / ligature</li> </ul> </li> <li>b. Impact on body <ul style="list-style-type: none"> <li>i. swallow reflex</li> <li>ii. skin</li> <li>iii. petechiae</li> <li>iv. respiratory signs/symptoms and potential sequelae</li> </ul> </li> </ul> </li> </ul>		

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		<ul style="list-style-type: none"> <li>v. neurological signs/symptoms and potential sequelae</li> <li>vi. cardiovascular sign/symptoms</li> <li>c. Increased complexity of trauma               <ul style="list-style-type: none"> <li>i. Care recommendations including follow up examination and care</li> </ul> </li> <li>d. Discuss lack of findings / injuries from NFS</li> <li>e. Consideration of lethality               <ul style="list-style-type: none"> <li>i. Patient safety needs</li> <li>ii. Goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of the patient who has experienced assault</li> </ul> </li> <li>8. Planning care using current evidence-based practice for adult and adolescent sexual assault patient populations</li> <li>9. Using clinical judgment to determine care</li> <li>10. When to employ medical consultation and trauma intervention</li> </ul>		
	<b>VI. Medical Forensic Specimen Collection</b>			
60 min.	Introduction to the Sexual Assault Kit	Patient (Victim)- Centered Care <ul style="list-style-type: none"> <li>1. Sexual assault evidence collection kit               <ul style="list-style-type: none"> <li>a. victim</li> <li>b. suspect</li> </ul> </li> <li>2. Importance of patient participation, consent, and ongoing assent during specimen collection procedures as a means of recovering from sexual violence</li> </ul>		
120 min.	Evidence Collection and Preservation	<ul style="list-style-type: none"> <li>1. Specimen collection options within the community available to adult and adolescent patients who have experienced sexual assault, including:               <ul style="list-style-type: none"> <li>a. Reporting to law enforcement</li> </ul> </li> </ul>		

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		<ul style="list-style-type: none"> <li>b. Non-reporting/anonymous evidence collection</li> <li>c. Medical evaluation and treatment</li> </ul> <p>2. Address patient concerns and common misconceptions regarding specimen collection including potential risks and benefits for the patient related to evidence collection.</p> <ul style="list-style-type: none"> <li>a. Techniques to support the patient and minimize the potential for additional trauma during specimen collection procedures.</li> <li>b. Techniques to facilitate patient participation in specimen collection procedures</li> </ul> <p>3. Evidence-based practice when planning evidentiary procedures</p> <ul style="list-style-type: none"> <li>a. Recommendations for collection time limits of biological specimens following a sexual assault.</li> <li>b. Appraisal of data regarding the assault details to facilitate complete and comprehensive medical forensic examination and evidence collection</li> <li>c. Materials and equipment needed for biologic and trace evidence collection</li> </ul> <p>4. Demonstrate the technique step by step for evidence collection of the sexual assault client.</p> <p>5. Types of specimens and methods of collection in the adult and adolescent patient following a sexual assault, based on the event history, including but not limited to:</p> <ul style="list-style-type: none"> <li>a. DNA</li> <li>b. Trace/non-biologic</li> <li>c. History documentation</li> <li>d. Physical findings, identification, and documentation</li> <li>e. Medical forensic photography</li> <li>f. Toxicology</li> </ul>		

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		<p>6. Adjunctive tools and methods used in specimen identification and collection and associated risks and benefits, including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Alternate light sources</li> <li>b. Swab collection techniques</li> <li>c. Speculum examination</li> <li>d. Colposcopic visualization or magnification with a digital camera</li> <li>e. Anoscopic visualization, if indicated and within the scope of practice in the Nurse Practice Act.</li> </ul> <p>7. Evidence-based practice guidelines for the identification, collection, preservation, handling, and transfer of biologic and trace evidence specimens following a sexual assault</p> <ul style="list-style-type: none"> <li>a. Physical findings</li> <li>b. Clothing evidence</li> <li>c. Hair evidence</li> <li>d. Bite mark evidence</li> <li>e. Fingernail scrapings</li> <li>f. Fluoresced exudates</li> <li>g. Swabs (perioral, oral, perivaginal vaginal, endocervical, penile, perianal anal and other dried body fluids)</li> <li>h. Blood Specimen</li> <li>i. Swab for saliva specimens</li> <li>j. Foreign bodies (tampons, pads, etc.)</li> <li>k. Toxicology blood/urine screen</li> <li>l. Electronic data &amp; image management</li> </ul> <p>8. Explain purpose of laboratory tests performed and the impact they have on sexual assault cases</p> <ul style="list-style-type: none"> <li>a. Serum pregnancy</li> <li>b. Serum alcohol</li> </ul>		

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		<ul style="list-style-type: none"> <li>c. Urine toxicology/serum toxicology</li> <li>d. STIs (gonorrhea, chlamydia, trichomonas)</li> <li>e. Hepatitis B and C</li> <li>f. HIV</li> <li>g. Syphilis</li> <li>h. Drug Facilitated Sexual Assault (DFSA)</li> </ul> 9. Chain of custody and principles and procedures for maintaining 10. Evaluating the effectiveness of the established plan of care and associated evidentiary procedures and adapting the plan based on changes in data collected throughout the nursing process		
60 min	Drug Facilitated Sexual Assault specimen collection	Drug-facilitated sexual assault (DFSA), current trends, criteria associated with a risk assessment for DFSA, and when specimen collection procedures are indicated <ul style="list-style-type: none"> <li>a. Discuss the incidence of substance abuse and relationship to sexual assault</li> <li>b. Discuss trends of DFSA drugs</li> <li>c. Review current drug testing collection and handling of specimens.</li> <li>d. Review indications/time frame for specimen collection.</li> </ul>		
60 min.	Crime Lab Trace Analysis	1. Identify types of trace analysis evidence specific to sexual assault cases <ul style="list-style-type: none"> <li>a. DNA</li> <li>b. CODIS (Combined DNA Index System)</li> </ul> 2. Describe techniques and procedures for trace analysis evidence. 3. Discuss challenges related to the evidence gathering process, including the evidence integrity and chain of custody.		

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		<ul style="list-style-type: none"> <li>a. Evidence/specimen gathering process</li> <li>b. Evidence/specimen labeling process</li> <li>c. Documentation</li> <li>d. Cross contamination prevention/ LOCARD's principle</li> </ul>		
45 min.	Suspect Examination	<ul style="list-style-type: none"> <li>1. Identify the purpose of suspect examination physical examination <ul style="list-style-type: none"> <li>a. Evidence collection</li> <li>b. Differences in victim and suspect medical forensic exam and specimen collection</li> <li>c. Synthesizing data from a reported sexual assault to a complete and comprehensive medical forensic examination and evidence collection in the suspect of a sexual assault</li> </ul> </li> <li>2. Legal authorization needed to obtain evidentiary specimens and examine a suspect, including: <ul style="list-style-type: none"> <li>a. Written consent</li> <li>b. Search warrant</li> <li>c. Court order</li> <li>d. Financial considerations</li> <li>e. Medical examination</li> <li>f. Evidence collection</li> </ul> </li> <li>3. Security/Law Enforcement <ul style="list-style-type: none"> <li>a. Law enforcement presence</li> <li>b. Documenting all persons present in room</li> <li>c. Documenting personnel performing exam</li> <li>d. Avoiding contact between victims/suspect</li> </ul> </li> <li>4. Preventing cross-contamination if the medical forensic examinations and/or evidence collections of the victim and suspect are performed in the same facility or by the same examiner</li> </ul>		

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		<p>5. Physical findings, Trauma Identification, Evidence Collection &amp; Preservation, and Documentation to include but not limited to:</p> <ul style="list-style-type: none"> <li>a. Photographs with description</li> <li>b. Body mapping</li> </ul> <p>6. Components of a suspect medical forensic exam</p> <ul style="list-style-type: none"> <li>a. Recommendations for time limits of collection of biologic evidence in the suspect of a sexual assault</li> <li>b. Types of evidence that can be collected in the medical forensic examination of a suspect following sexual assault, such as: <ul style="list-style-type: none"> <li>i. Biologic/DNA evidence</li> <li>ii. Trace/non-biologic evidence</li> <li>iii. Toxicology</li> </ul> </li> <li>c. Variables in specimen collection, packaging, preservation, and transportation issues for items, including: <ul style="list-style-type: none"> <li>i. Products of conception</li> <li>ii. Foreign bodies</li> <li>iii. Tampons</li> <li>iv. Diapers</li> </ul> </li> </ul> <p>7. Discuss variables in male vs. female suspect exam</p> <p>8. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process</p>		
60 min.	<b>VII. Medical Forensic Photography</b>	<p>1. Key principles of forensic photography</p> <ul style="list-style-type: none"> <li>a. Obtain pt consent/assent for taking photos</li> <li>b. Obtain images relevant to assault (limit photo to subject matter, protect pt modesty)</li> <li>c. Accurate representation of subject matter (undistorted, non-inflammatory)</li> </ul>		

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		<p>2. Forensic findings that warrant use of photo documentation</p> <ul style="list-style-type: none"> <li>a. Physical findings</li> <li>b. Biological / trace evidentiary findings</li> <li>c. Follow-up examinations (evolution of healing or injury presentation, or unclear if abnormal finding is pt's normal)</li> </ul> <p>3. General forensic photograph principles &amp; quality</p> <ul style="list-style-type: none"> <li>a. Be familiar with equipment prior to use</li> <li>b. Variables affecting clarity and quality (lighting, skin color, type and location of findings, camera focus, aperture and speed)</li> <li>c. Photography principles as they relate to types of images including: overall orientation, landmarks/mid-range, close-up, close-up with scale, "rule of threes"</li> <li>d. Consistent peer review of photographs (to ensure quality &amp; accurate interpretation)</li> </ul> <p>4. Discuss various media sources used for forensic photo documentation</p> <ul style="list-style-type: none"> <li>a. Digital images / Video / Colposcope</li> <li>b. JPEG vs. RAW images</li> <li>c. ALS (various wavelengths &amp; colored filters)</li> <li>d. Software enhancement</li> </ul> <p>5. Implications of forensic photography</p> <ul style="list-style-type: none"> <li>a. Research related to use of alternate light source</li> <li>b. Use of enhancement tools such as filters, alterations of images</li> <li>c. Use of personal cell phone</li> </ul>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		<ul style="list-style-type: none"> <li>d. Address LE request to take their own photos with their camera, impact on pt rights / needs for complete FNE exam</li> <li>e. Storage, confidentiality, appropriate release and use of forensic exam photographs</li> <li>6. Physiological, psychological, sociocultural, and spiritual needs of patient               <ul style="list-style-type: none"> <li>a. Impact photo documentation may have on patient from their previous experiences</li> <li>b. Necessity of photos based on assessment of patient considering patient-centered goals</li> <li>c. Adapting photography to accommodate patient needs and preferences</li> </ul> </li> <li>7. Review sample forensic photographs</li> </ul>		
90 min.	<b>VIII. Sexually Transmitted Disease Testing and Prophylaxis</b>	<ul style="list-style-type: none"> <li>1. Prevalence/incidence and morbidity and risk factors regarding STIs after sexual assault/abuse</li> <li>2. Describe symptoms associated with STIs               <ul style="list-style-type: none"> <li>a. Chlamydia</li> <li>b. Gonococcal infections</li> <li>c. Trichomoniasis</li> <li>d. Syphilis</li> <li>e. Human Papillomavirus</li> <li>f. Bacterial Vaginosis</li> <li>g. Hepatitis A, B &amp; C</li> <li>h. HIV/AIDS</li> <li>i. Herpes</li> <li>j. Symptoms that mimic STIs</li> </ul> </li> <li>3. Reportable diseases to Health Department and DHMH regional regulations</li> <li>4. Vertical transmission vs. horizontal transmission of infections</li> </ul>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		<p>5. Presence of STIs may be evidence of sexual abuse/assault of pediatric/adolescent pt (Adam's classification)</p> <p>6. Pt and/or guardian concerns and myths regarding transmission, treatment &amp; prophylaxis of select STIs</p> <p>7. Prioritizing care based on assessment data and patient centered goals.</p> <p>8. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric /adolescent pts who are at risk for an actual or potential STIs following sexual abuse/assault</p> <p>9. Describe current evidence-based national and/or international guidelines or CDC recommendations for testing/prevention/treatment for STIs:</p> <p>10. Practicalities of STI Testing</p> <ol style="list-style-type: none"> <li>a. Consent to test</li> <li>b. Who gets tested</li> <li>c. Sampling &amp; test selection: nucleic acid amplification testing (NAAT) vs culture vs serum</li> <li>d. Collection, preservation, and transport of testing medias</li> <li>e. Screening versus confirmatory testing methodologies for select STIs</li> </ol> <p>11. STI Prophylaxis: Options, common side effects, routes of administration, contraindications, necessary baseline laboratory specimens when applicable (e.g., HIV), dosing, and follow-up requirements for select STIs</p> <ol style="list-style-type: none"> <li>a. Ceftriaxone</li> <li>b. Azithromycin</li> <li>c. Metronidazole</li> <li>d. Doxycycline</li> </ol>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		<ul style="list-style-type: none"> <li>e. Acyclovir, Famcyclovir, Valcyclovir</li> <li>f. Anti-retroviral:               <ul style="list-style-type: none"> <li>1. Tenofovir disoproxil fumarate with emtricitabine (Truvada)</li> <li>2. Raltegravir (Isentress)</li> <li>3. Dolutegravir (Tivicay)</li> </ul> </li> <li>12. Other medications:               <ul style="list-style-type: none"> <li>a. Ondansetron (Zofran)</li> <li>b. Tetanus booster</li> <li>c. Hepatitis B booster vs. Hepatitis B Immune Globulin</li> <li>d. HPV vaccine</li> </ul> </li> <li>13. Follow-up care and discharge instructions associated with STIs               <ul style="list-style-type: none"> <li>a. Repeat testing recommendations for Syphilis, HIV, and Hep C</li> <li>b. Referrals for follow-up care, monitoring</li> <li>c. Information on prevention and transmission risk</li> <li>d. Individualizing short- and long-term goals of patients who are at risk for an actual or potential STIs following sexual abuse/assault</li> </ul> </li> </ul>		
60 min	<b>IX. Pregnancy Risk Evaluation and Care</b>	<ul style="list-style-type: none"> <li>1. Discuss prevalence rates for pregnancy following sexual abuse/assault</li> <li>2. Discuss pregnancy risk following sexual abuse/ assault based on specifics of pt's provided history and pubertal status</li> <li>3. Describe testing methods:               <ul style="list-style-type: none"> <li>a. blood vs. urine</li> <li>b. quantitative vs. qualitative</li> </ul> </li> <li>4. Indications for and effectiveness of available pregnancy prevention methods</li> </ul>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		<ul style="list-style-type: none"> <li>a. Levonorgestrel (Plan B One-Step, Plan B, Ella)</li> <li>b. IUD (Paraguard, Mirena)</li> <li>c. Condoms</li> <li>d. Nexplanon</li> <li>e. OCP (Oral contraceptive pill), Sponge, Foam</li> </ul> <p>5. Pt education key concepts regarding emergency contraception:</p> <ul style="list-style-type: none"> <li>a. Mechanism of action</li> <li>b. Baseline testing required</li> <li>c. Side effects</li> <li>d. Administration</li> <li>e. Failure rate</li> <li>f. Follow-up requirements</li> </ul> <p>6. Discuss with pt and/or guardian concerns, beliefs, and misconceptions r/t reproduction, pregnancy, and pregnancy prophylaxis</p> <ul style="list-style-type: none"> <li>a. Prioritize care based on assessment data and patient-centered goals</li> </ul> <p>7. Use evidence-based guidelines to select the most appropriate emergency contraceptive in planning care for pts who are at risk for unwanted pregnancy following sexual abuse/assault</p> <p>8. Assess physiological, psychological, sociocultural, spiritual, and economic needs of pts who are at risk for unwanted pregnancy following sexual assault/abuse</p> <p>9. Discuss situations warranting medical or specialty consultation</p> <p>10. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process</p>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		11. Demonstrating the ability to identify and explain necessary follow-up care, discharge instructions, and referral sources associated with emergency contraception and/or pregnancy termination options		
90 min.	<b>X. Medical Forensic Documentation</b>	<p>1. Key principles of the Medical Forensic Exam documentation</p> <ul style="list-style-type: none"> <li>a. Clear demonstration of FNE role and responsibility throughout documentation process (use of nursing process, pt-centered care, focus on pt's needs and goals)</li> <li>b. Guided by research/evidence-based practice</li> <li>c. True and accurate representation</li> <li>d. Objective assessment and evaluation</li> <li>e. Clear and appropriate use of language (to differentiate between subjective &amp; objective data; Language used to document is free of judgment or bias (declines vs. refuses, patient vs. victim)</li> <li>f. Maintaining congruency between evidence collection, documentation, and medical forensic history</li> </ul> <p>2. Key elements of the Medical Forensic Exam documentation</p> <ul style="list-style-type: none"> <li>a. Consent forms (exam, photos, sharing information, contacting LE, medications, record review for training purposes)</li> <li>b. Patient evaluation and examination details <ul style="list-style-type: none"> <li>i. medical &amp; forensic history reported (persons present during history taking &amp; exam, and differentiating various sources of information provided)</li> </ul> </li> </ul>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		<ul style="list-style-type: none"> <li>ii. pt narrative in quotes (including any outcry statements made during exam)</li> <li>iii. medical forensic exam findings (exam report, strangulation form)</li> <li>iv. type of evidence collected &amp; source</li> <li>v. photographs, documentation of photos &amp; body diagrams</li> <li>vi. lab tests and results</li> <li>vii. medications provided</li> <li>viii. safety planning</li> <li>c. Discharge forms and follow-up resources</li> <li>d. Assure all documentation is complete</li> <li>3. Legal Considerations               <ul style="list-style-type: none"> <li>a. informed consent &amp; assent</li> <li>b. regulatory &amp; accreditation requirements</li> <li>c. confidentiality &amp; HIPAA</li> <li>d. chain of custody</li> <li>e. mandated reporting                   <ul style="list-style-type: none"> <li>i. explain difference between SA &amp; DV</li> </ul> </li> </ul> </li> <li>4. Retention, access, release of records &amp; kit storage               <ul style="list-style-type: none"> <li>a. Record retention (statutes of limitation, photo storage: medical record vs. FNE office, facility capabilities)</li> <li>b. Access to records (facility policy for sharing with other treatment providers, restricted access to others, &amp; peer review/training)</li> <li>c. Release of records (subpoena, patient/family, CPS, LE, APS, SAO, ensure process upholds patient privacy &amp; HIPAA law, consider cross-jurisdictional issues)</li> <li>d. Storage of kit (legislature/laws)</li> </ul> </li> </ul>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		5. Review a medical forensic exam documentation sample to identify strengths and weaknesses 6. Processes related to medical forensic documentation that include quality improvement, peer review, and research/evidence-based practice		
	<b>XI. Discharge and Follow-Up Planning</b>			
30 min.	Continuum of Care Referrals and Discharge Instructions	Develop, prioritize, and facilitate appropriate discharge and follow up plans of care for adult and adolescent patient populations based on the individual needs of each patient and the consideration of age, developmental level, cultural values, and geographic differences. <ul style="list-style-type: none"> <li>a. Resources that address the specific safety, mental health, medical and forensic needs of adult and adolescent patients</li> <li>b. Facilitation of access to multidisciplinary collaborative agencies</li> <li>c. Individualizing the discharge plan and follow-up care based on medical, forensic, and patient priorities</li> <li>d. Determining and communicating follow-up and discharge needs based on evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography</li> <li>e. Individualizing &amp; modifying the discharge plan and follow-up care based on medical, forensic, and patient priorities.</li> </ul>		
	<b>XII. Courtroom Testimony and Legal Considerations</b>			

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
60 min.	Courtroom Testimony	<ol style="list-style-type: none"> <li>1. Overview of Courtroom proceedings</li> <li>2. Review key processes associated with pretrial preparation</li> <li>3. Review of medical/forensic history taking process</li> <li>4. Apply courtroom testimony with exception to hearsay ruling for RN, FNE</li> <li>5. Appropriate dress and presentation for Court</li> <li>6. Forensic nurse's role in judicial proceedings, including:               <ol style="list-style-type: none"> <li>a. Educating the trier of fact</li> <li>b. Providing effective testimony</li> <li>c. Demeanor and appearance</li> <li>d. Objectivity</li> <li>e. Accuracy</li> <li>f. Evidence-based testimony</li> <li>g. Professionalism</li> </ol> </li> </ol>		
30 min.	Defining the Expertise of the FNE	<ol style="list-style-type: none"> <li>1. Construction of FNE-CV</li> <li>2. Describe the didactic and clinical components for FNE recognition</li> </ol>		
90 min.	The Judicial System and Laws	<ol style="list-style-type: none"> <li>1. Role of the FNE in judicial and administrative proceedings (Civil vs. criminal)</li> <li>2. Discuss legal definitions associated with sexual violence</li> <li>3. State the order of proof in a criminal trial</li> <li>4. Differences between the roles &amp; responsibilities of fact versus expert witnesses in judicial proceedings</li> <li>5. Discuss the laws specific to the protection of children reporting sexual child abuse and how they relate to the expertise of the FNE examiner</li> <li>6. Discuss Maryland criminal code defining penetration.</li> <li>7. Review civil legal issues arising from sexual assault</li> <li>8. Differences between a judge vs. jury trial</li> <li>9. Criminal justice standards / policy</li> <li>10. Rape Shield Doctrine per Maryland law</li> </ol>		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		11. Define terminology in the Judicial process: <ul style="list-style-type: none"> <li>a. Indictment</li> <li>b. Arraignment</li> <li>c. Plea agreement</li> <li>d. Sentencing</li> <li>e. Deposition</li> <li>f. Subpoena</li> <li>g. Direct examination</li> <li>h. Cross-examination</li> <li>i. Objections</li> </ul>		
60 min.	Mock Courtroom	1. Review a simulation of court proceedings that include all parties involved		



# Board of Nursing

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**Forensic Nurse Examiner Training -  
Adolescent/Adult Curriculum  
40 Hours of Theory**